23054

Michael Bolster

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR

DESIGN

Attorney D cket Numb r

First Named Inv nt r

PATENT APPLICATION	COMPLETE IF KNOWN							
(37 CFR 1.63)	Application Number							
Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date							
	Art Unit							
	Examiner Name							
As the below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below	next to my name.							
I believe I am the original and first inventor of the subject matter wh	ich is claimed and for whic	h a patent is sough	t on the invention entitled:					
Float Valve for a Christmas Tree Watering System								
(Title of the Inv	vention)							
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY)	as United States A	pplication Number o	or PCT International					
Application Number and was amended	d on (MM/DD/YYYY)		(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a suppler	mental priority data sheet F	TO/SB/02B attach	ed hereto:					

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DECLARATION — Utility or D sign Pat nt Applicati_n

Direct all correspondence to: Customer Nu or Bar Code I		1 209/3 100		OR Corr	R Correspondence address below	
Mario Theriault, Reg. 40,368						
812 Hwy 101, Nasonworth			269	975		
PATENT TRADEMARK OFFICE Address						
Fredericton Clty	New Brunswick State		E3C 2B5			
Canada	Tele	, ,	450-3	788	(506) 450-3735 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:		A petition h	as bec	en filed for this unsign	ned inventor	
Given Name (first and middle [if any]) Michael Family Name or Surname		,				
Inventor's Signature Date June 19/03						
Perth-Andover		New Bruns	wick	Canada	Canadian	
Residence: City	_	State		Country	Citizenshlp	
Mailing Address 20 Columbus Street						
Perth-Andover		New Bruns	wick	E7H 1T3	Canada	
City		State		ZIP	Country	
NAME OF SECOND INVENTOR:			s been	filed for this unsigne		
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature				Date		
						
Residence: City		State		Country	Citizenship	
Malling Address						
City		State		ZIP	Country	
Additional inventors are being named on the	sur	1.	onal Inve	entor(s) sheet(s) PTO/SB/		

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Michael Bolster	
Title	Float Valve for, etc.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	23054	

l hereby appoir	I hereby appoint:				
OR	ers at Customer Number	26,975		26975	
Practitione	er(s) named below:		D = -1 - 4 - 2ATE	NT TRADEMARK OFFICE	
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l am the:					
X Applicant	/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Michael Bolster					
Signature / Land / Signature					
Date - Mene 19/03					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
□ *Total offorms are submitted.					